SECTION A – SUMMARY

DOCTOR / HEALTH PROFESSIONAL / EVENT	ACTION
Psychiatrist (1) **See Note: (*) below**	Diagnosed Bipolar Disorder. Prescribed medication. Referred to GP for management.
GP (2)	Referred to Mental Health. Referral refused.
More severe episodes of bipolar.	**Accepted by Mental Health.**
Psychiatrist (3)	Prescribed lithium.
Psychiatric Nurse (3)	Monitored my progress. Discharged when condition stable. No referral.
Bipolar episode.	
Mental Health (4)	Psych. Nurse abrupt. Told me not to approach Mental Health. No referral.
GP (5)	Lithium suspected. Gradually reduce dosage to zero. No replacement medication.
(6) Feeling anxious about treatment / management of my disorder. **Severe chest / stomach pain after stressful family events.**	
GP (7)	GP baffled. Suspects chest infection. Prescribed antibiotic / panadeine forte.
Side effects (constipation) from panadeine forte.	
	Pharmacist suggests I stop panadeine forte and get referral to specialist.
I stop panadeine forte. Antibiotic has no effect.	

SECTION A - SUMMARY (CONT.)

DOCTOR / HEALTH PROFESSIONAL / EVENT	ACTION
GP (7)	I request referral to heart specialist. GP angry.
Heart Specialist	No heart abnormality found. Specialist angry. No suggested action.
GP (8)	Prescribed epilum for bipolar disorder. My health improved.

Severe chest pain after stressful events in court case.

GP (8) unsympathetic & angry.
Unable to diagnose symptoms.
Said to immediately stop medication.

(9) Feeling uncertain and anxious about GP (8)'s medical opinion, as previously told not to suddenly stop medication but to reduce it gradually.

(10) Wodonga Hospital A. and E.	Diagnosed Panic Attack. Referred to G.P.
GP (11)	Concerned about my mental state. Suspects chest infection. Prescribed antibiotic & valium.

Valium made me feel "drugged" and disoriented.
Also concerned about possible dependence because of long time on drug.
Antibiotic no effect.

GP (11)	(12) I request referral to heart specialist or Hospital doctor for second opinion. GP evasive. Referral refused.
(13) Wodonga Hospital A. and E.	Heart problem ruled out. Referred to GP.

Lost confidence in GP.

SECTION A - SUMMARY (CONT.)

DOCTOR / HEALTH PROFESSIONAL / EVENT	ACTION
GP (14)	GP reluctant – "poaching" from Wodonga? Prescribed a gradual reduction of valium to zero.
(15) Admitted to Albury Base Hospital	Suspected heart attack. Prescribed anginine. Discharged.
(16) Attended Anxiety / Depression Support Group in Wodonga. Heard of the Integrated Primary Mental Health Service.	
(17) Mental Health	Psych. nurse defensive. Supplied names of doctors on Primary Mental Health Team.
(18) Dr Peter Francis (Federation Clinic, Wodonga)	Sympathetic, understanding. Said he can help me. Linked to Mental Health Services in Melbourne. Prescribed Aropax. Mental state improved. Chest pain almost gone. Treatment continuing (visits were weekly but are now monthly as needed).

Note (*): Numbers in brackets refer to paragraph numbers in SECTION C.

SECTION B – SPECIFIC RESPONSES TO ITEMS IN PARAGRAPH (1)

Reference Paragraph (1) a

I consider the main barriers to progress in National Mental Health to be:

1. The lack of doctors' education in mental health issues. Some doctors are unable to recognise the symptoms.

2. The reluctance or refusal of some doctors to refer a patient whom they suspect may have a mental health issue, even when asked.

3. Doctors may not know who to refer the patient to.

4. Doctors fear they are "poaching" patients from other areas.

5. Doctors sometimes become angry or evasive when asked to refer a patient. Doctors need to realise that they can't know everything about all aspects of medicine. There must be room for specialisation; this in no way reflects poorly on a doctor's status or ability. Conversely, patients should not expect doctors to be expert in all areas.

6. Doctors are sometimes evasive when asked to explain why they are referring a patient to another GP rather than a specialist.

7. An especially difficult time for patients with anxiety / depression disorders is the Christmas / New Year break. Patients with these disorders may have family issues which were responsible for triggering the disorder in the first place. Unfortunately, many doctors, especially those with young families, take their holidays from mid-December until the near the end of January. While no-one would deny doctors this break, it would be a step forward if some sort of roster system could be put in place to alleviate the situation for these patients during this difficult period.

I was surprised to learn, by accident, that a specialist I had urgently needed to visit was in town (but not in surgery) during the time I was hospitalised with severe chest pain. I would have very much appreciated a visit by (or to) this doctor during this painful time.

8. With regard to the Adult Mental Health Centre, I note the following issues. These issues apply generally to the staff at the Centre, and are not specific to any particular staff member:

(i) Some staff seem to resent the re-appearance of a patient who had previously been discharged by the Centre, when the patient suspects that the symptoms of the original illness or disorder had reappeared.

(ii) Patients attending the Centre should generally be reassured, and made to feel welcome.

(iii) Staff should keep in mind that patients attending the Centre may be suffering distressing symptoms, and may have nowhere else to turn.

(iv) Staff should be in a position to refer a patient to an appropriate Centre or Medical Practitioner if thought warranted. This implies that staff themselves know where these Centres or Medical Practitioners are.

(v) Some staff seem to lecture a patient on the legal rights of staff; this issue is of secondary importance to the patient. It is important that a patient who may have been suffering pain or other unpleasant symptoms for a long period of time not be forced to suffer this type of behaviour on the part of staff.

(vi) The Centre should provide patients (or intending patients) with the terms of reference of the Centre, particularly the aims of the Centre and the guidelines for admission.

(vii) So as not to unnecessarily overload the patient with information, the information in part (vi), and if thought necessary the legal rights of staff, could be placed on a leaflet and left on the pigeon-holes where it is available to patients.

(viii) The decision on whether to accept a patient should be made by a doctor, medical head, or other senior qualified health care professional, not by a psychiatric nurse or a receptionist.

(ix) It is not up to staff to make inferences or innuendos about what a patient's attitude may be towards doctors or other health care professionals. It is up to the staff to behave in a professional manner themselves.

Reference Paragraph (1) c

1. There is a need to improve the co-ordination of the delivery of services. Doctors who are able to diagnose a mental illness do not always have the ability or resources to manage the patient's condition on a long-term basis.

2. It is difficult to gain access to the appropriate doctor.

3. Although it is preferable that a patient attend the same doctor, a patient with symptoms of mental illness is forced to change doctors frequently to gain access to the appropriate doctor. This patient may then be exposed to accusations of "doctor-shopping" by the very person who is there to help the patient.

Reference Paragraph (1) h

The role of doctors as the primary health carers should be viewed in terms of my responses to Paragraphs (1) a and (1) c above.

Reference Paragraph (1) i

Iatrogenesis refers to causing a disease or condition inadvertently by medical treatment. My feelings of anxiety about the treatment and management of my bipolar disorder first arose when my lithium dosage was reduced to zero with no substitute offered. Refer SECTION A, GP (5). These feelings escalated when I was treated by subsequent doctors with antibiotics, strong pain killers, and valium, the last two medications causing me to suffer unwanted side effects which themselves had to be treated and cured in addition to my original disorder. The antibiotics had no effect.

Being faced with unsympathetic, angry, and evasive behaviour on the part of several doctors (including a specialist) further aggravated the situation. The consensus of these doctors seems to be that any medication is better than none, and that their conduct (bordering on unprofessional) will ensure that I never return to the surgery, so the problem is swept under the carpet.

With one exception, doctors' pride seems to prevent them from admitting that they are unable to treat me or refer me to someone who can. They prefer to avoid the issue completely.

I suspect that the panic attacks I have suffered over the last nine months, although triggered by stressful life events, would not have been so severe or long-lasting if my symptoms had been properly diagnosed and treated at the outset. Possibly the months of pain could have been avoided.

My conclusion is that the mental health workforce is badly in need of education, and that mental health services need to be consumer-operated and consumer-focussed. This is not the case at the present time.